



D2.1 TIAT Program for refugee children and youth



**INTACT: Inclusive Trauma Informed Care Adventure Therapy Activities
for refugee children and youth in Greece**

D2.1 TIAT PROGRAM FOR REFUGEE CHILDREN AND YOUTH

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| Lead Beneficiary | Adventure Therapy Greece |
| Due Date | 31/01/2025 |
| Delivery Date | July 2025 |
| Dissemination Level | PU (Public) |



Co-funded by
the European Union



Co-funded by
the European Union



Project Information

| | |
|-----------------------|--|
| Project Number | 101161223 |
| Project Acronym | INTACT |
| Project Name | INTACT: Inclusive Trauma Informed Care Adventure Therapy Activities for refugee children and youth in Greece |
| Call | PPPA-SPORT-2023-EMERGENCY-YOUTH |
| Reference | Pilot Project-Sport Supports-emergency sport actions for youth |
| Type | Pilot Projects and Preparatory Actions |
| Project Starting Date | 01/09/2024 |
| Project Duration | 18 months |
| Coordinator | Terre des hommes Hellas |



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Trauma-Informed Adventure Therapy Program for Refugee Children and Youth in Greece

Introduction

This manual provides a comprehensive guide to implementing Trauma-Informed Adventure Therapy (TIAT) for refugee children and youth as part of the INTACT program's framework. Designed by Adventure Therapy Greece (ATGR) and its partners, Terre des hommes Hellas and KMOP Education and Innovation Lab, this program harnesses Greece's diverse natural landscapes to support emotional healing, social integration, and resilience through outdoor activities. The program is inclusive, trauma-sensitive, and designed to foster teamwork, self-confidence, and a deep connection with nature.

The manual outlines the theoretical foundations, key principles, and practical steps necessary for implementing TIAT effectively. It serves as a resource for facilitators, therapists, and outdoor educators working with refugee populations, equipping them with the tools and knowledge to create safe, meaningful, and healing outdoor experiences. Additionally, it provides guidance on best practices, ethical considerations, and strategies to adapt activities based on participants' backgrounds and needs.

Greece, with its rich variety of landscapes and mild weather, offers an ideal setting for soft adventure activities throughout the year. From serene coastal areas to rugged mountainous terrains, the country provides an exceptional backdrop for outdoor therapy. Within the framework of the INTACT program, Adventure Therapy Greece (ATGR) and its partners have developed a trauma-informed adventure therapy (TIAT) initiative tailored to the needs of refugee children and youth. This program is specifically designed to promote emotional healing and social integration through structured outdoor activities.

The TIAT program is intentionally structured to be inclusive and sensitive to trauma-related experiences, ensuring that activities are safe, supportive, and empowering. Through guided engagement in nature, participants build resilience, enhance social bonds, and develop critical life skills within a therapeutic framework. By offering structured adventure activities, the program helps participants process their past experiences while developing new coping mechanisms and emotional regulation skills.

Furthermore, the program emphasizes the importance of cultural sensitivity, recognizing the diverse backgrounds and personal histories of refugee children and youth. Facilitators are trained to create a non-judgmental, supportive space where participants feel heard, respected, and encouraged to engage at their own pace. The approach integrates elements of experiential learning, mindfulness, and group dynamics to facilitate both personal and collective growth.



The program is scheduled to run from April to November 2025, with a break during the high-temperature months of July and August in the Attica region. Over this period, 300-400 refugee children and youth will participate in carefully curated outdoor experiences. Each group, consisting of 15-20 participants, will engage in four distinct outdoor activities tailored to their specific needs, weather conditions, and seasonal considerations. These activities may include hiking, rock climbing, kayaking, and team-building exercises, all designed to foster trust, communication, and resilience.

By combining the principles of trauma-informed care with the healing potential of nature-based experiences, this manual aims to empower professionals in delivering effective and meaningful adventure therapy interventions for refugee children and youth. It underscores the transformative power of adventure therapy in rebuilding confidence, fostering hope, and strengthening a sense of belonging among displaced children and adolescents.

Ultimately, this manual aspires to be a practical and inspiring resource that not only guides facilitators in implementing the program but also contributes to a broader understanding of how nature and adventure can serve as powerful tools for healing and empowerment.

1. Chapter 1: Understanding Trauma and Adventure Therapy

1.1 Understanding Trauma: The Wounds We Cannot See

Trauma is often described as an invisible wound, a deep psychological imprint left by distressing events that shake an individual's sense of safety and stability. It is not just an emotional response to a single disturbing event, but it can also be the result of prolonged exposure to adversity, such as war, displacement, and loss. For refugee children, trauma is rarely a singular experience. Many have endured multiple layers of suffering—forced migration, separation from family, exposure to violence, and the loss of cultural identity.

The American Psychological Association (APA) defines trauma as an emotional response to an event that is deeply disturbing or life-threatening (American Psychological Association, n.d.). This response can manifest in various ways, including fear, helplessness, and a sense of disconnection from the world. The effects of trauma are not limited to emotions; they permeate every aspect of a child's life, influencing their cognitive abilities, social interactions, and even their physical health.

Refugee children frequently exhibit symptoms of complex trauma. They may struggle with anxiety, depression, and post-traumatic stress disorder (PTSD). Many experience difficulty forming relationships, trusting others, or feeling safe in their surroundings. Physical symptoms, such as headaches, sleep disturbances, and fatigue, often accompany these emotional



challenges. Research indicates that children who have endured prolonged trauma may have disrupted brain development, affecting their ability to learn, regulate emotions, and build resilience (Fazel et al., 2012).

1.2 Adventure Therapy: Healing Through Nature and Experience

Adventure Therapy (AT) is an innovative therapeutic approach that harnesses the healing power of nature and structured outdoor activities to foster emotional growth, resilience, and social skills. Unlike traditional talk therapy, which relies on verbal expression, AT engages individuals through experiential learning, encouraging them to work through challenges in an active, hands-on way.

This form of therapy uses outdoor activities—such as hiking, rock climbing, canoeing, and cycling—to help individuals confront fears, develop problem-solving skills, and experience a sense of mastery. The natural environment serves as a powerful co-therapist, providing a backdrop that reduces stress, enhances emotional regulation, and fosters a sense of connection to the world. Kaplan and Kaplan's (1989) research on attention restoration theory highlights how nature has a profound ability to reduce mental fatigue and promote psychological well-being.

The key principles of Adventure Therapy include:

- **Experiential Learning:** Participants actively engage in challenges that promote self-awareness and personal growth.
- **Challenge and Mastery:** Facing obstacles in a supportive environment builds resilience and self-efficacy.
- **Connection to Nature:** Immersion in natural settings helps reduce stress, enhances emotional regulation, and promotes mindfulness.
- **Social Bonds and Teamwork:** Group-based activities encourage trust, cooperation, and mutual support, helping participants rebuild relationships and overcome social withdrawal.

1.3 The Intersection of Trauma-Informed Care and Adventure Therapy

The fusion of trauma-informed care with Adventure Therapy creates a unique and powerful approach to healing. Trauma affects not only the mind but also the body, often trapping individuals in a state of hyperarousal or numbness. Adventure Therapy, with its focus on movement, engagement, and nature, provides an ideal setting for trauma recovery by offering a safe and structured way for individuals to reconnect with themselves and others.

A trauma-informed approach ensures that Adventure Therapy is delivered in a way that prioritizes safety, empowerment, and healing. This means facilitators must:



- **Recognize the impact of trauma** and understand its effects on behavior and emotional responses.
- **Ensure physical and emotional safety**, providing predictable structures that reduce anxiety.
- **Offer choices and a sense of control**, allowing participants to engage at their own pace.
- **Build trust through consistency and empathy**, creating an environment where participants feel supported rather than judged.

2. Chapter 2: Core Principles of TIAT

2.1 Voluntary Participation

Voluntary participation is the foundation of a trauma-informed approach. Participants must have the freedom to choose their level of engagement, ensuring that they feel a sense of autonomy in their healing process. Informed consent plays a critical role, as participants should fully understand the nature of the activities, their potential risks, and their therapeutic benefits before making a decision. It is essential that facilitators communicate this information clearly and in an accessible way, considering language barriers or literacy levels among refugee children and youth.

Moreover, consent is an ongoing process. Participants may initially agree to engage in an activity but later feel uncomfortable or overwhelmed. Facilitators should continually check in, providing opportunities for individuals to adjust their participation levels without fear of judgment or pressure. By respecting personal boundaries and offering choices, TIAT fosters trust and encourages self-empowerment.

2.2 Safety and Predictability

Creating a safe and predictable environment is fundamental in working with trauma-affected populations. Physical safety involves ensuring that all adventure activities are conducted under careful supervision, using proper equipment and adhering to best-practice safety guidelines. Equally important is emotional safety—participants must feel respected, heard, and supported throughout their journey.

Predictability is a key component of emotional safety. Refugee children often experience instability and uncertainty, which can heighten anxiety. By establishing clear routines, explaining each activity beforehand, and setting expectations, facilitators help participants develop a sense of control and trust in the process.



2.3 Empowerment and Choice

Empowerment is a fundamental aspect of healing from trauma. When individuals experience trauma, they often feel a loss of control over their lives and circumstances. By incorporating choice and decision-making into adventure therapy activities, participants can regain a sense of agency. Encouraging children and youth to make their own decisions—whether it is choosing an activity, setting personal goals, or determining their level of participation—fosters a sense of autonomy and self-efficacy.

Providing alternative activities is crucial to ensuring that participants feel safe and supported. Some may not feel comfortable engaging in certain activities due to past experiences, physical limitations, or personal fears. By offering adaptable options, facilitators create an environment that prioritizes emotional safety and respects individual boundaries, reinforcing the idea that participants are in control of their own healing journey.

2.4 Cultural Sensitivity

Cultural sensitivity is essential when working with refugee populations, as trauma is deeply intertwined with personal history, cultural identity, and lived experiences. Facilitators must approach adventure therapy with an awareness of participants' cultural backgrounds, traditions, and belief systems. Understanding these factors allows for the creation of a more inclusive and respectful therapeutic environment.

Adapting activities to align with cultural and religious practices ensures that all participants feel valued and comfortable. This might involve modifying activities, adjusting communication styles, or incorporating culturally relevant symbols and practices. By honoring cultural diversity, adventure therapy becomes not only a tool for healing but also a bridge for fostering understanding and mutual respect among participants from different backgrounds.

A Real-World Example: Overcoming Fear Through Climbing

Consider a group of refugee youth participating in a rock-climbing session. As they stand before the towering rock face, some are excited, while others hesitate, their past fears resurfacing. A young boy, Ahmed, initially refuses to climb. The facilitator, trained in trauma-informed practices, reassures him that he is in control—he can choose whether to climb and how high he wishes to go.

Encouraged by peers and guided step by step, Ahmed eventually takes his first climb. Each movement upward becomes a victory against self-doubt. When he reaches the top, a sense of accomplishment washes over him—he has faced his fear and conquered it. This experience is



more than just climbing a rock; it is a metaphor for resilience, for overcoming the obstacles that life has placed in his path.

By integrating trauma-sensitive practices with adventure-based activities, facilitators can create a space where healing occurs not just through words, but through action, connection, and experience.

3. Chapter 3: Program Design and Implementation

3.1 Program Overview

- **Duration:** April to November 2025, excluding July and August due to high temperatures.
- **Participants:** 300-400 refugee children and youth, divided into groups of 15-20.
- **Activities:** Each group engages in **four outdoor activities**, selected based on their needs, weather, and seasonal conditions.

3.2 Activity Descriptions

Accessibility and Inclusivity

Our Trauma-Informed Adventure Therapy program carefully selects activities that are inherently accessible and adaptable to the diverse needs of refugee children and youth. By choosing activities that require minimal technical skills yet offer opportunities for progressive challenge, we ensure every participant can engage safely and meaningfully. The following activities have been chosen based on their low barrier to entry and their flexibility to accommodate varying physical abilities, prior experiences, and cultural backgrounds.

- **Hiking:** Hiking is a foundational activity that requires no specialized skills. Its flexible intensity and natural setting allow participants to engage at a comfortable pace, making it ideal for children with limited outdoor experience (Berger & McLeod, 2006). The therapeutic benefits of walking in nature—such as reduced anxiety, enhanced mindfulness, and improved emotional regulation—further support healing and resilience.
- **City Biking and Beginner Mountain Biking:** These biking activities are designed for gradual skill development. With proper equipment and guidance, they foster independence and confidence, enabling participants to safely navigate both urban and natural environments. Biking is particularly effective in promoting physical fitness and a sense of autonomy, crucial for children who have experienced displacement (Ungar, 2013).



- **Beginner Climbing:** Structured beginner climbing offers a controlled environment where children can confront manageable challenges. This activity emphasizes problem-solving, trust-building, and overcoming fears through clear safety protocols (Norton et al., 2014). By matching climbing routes to individual skill levels, facilitators ensure that each participant feels both supported and empowered.

In designing these activities, our program leverages the unique benefits of Greece's diverse landscapes, particularly in the Attica and Epirus regions, to provide environments that are not only safe and accessible but also inherently therapeutic. Whether exploring rugged mountain trails, urban bike paths, or gentle climbing walls, every activity is adapted to build resilience, encourage teamwork, and foster a deep connection with nature.

Hiking

Hiking is a foundational activity in adventure therapy programs, offering unique opportunities for physical activity, emotional healing, and personal growth. For refugee children, who often face significant psychological and emotional challenges due to displacement, trauma, and loss, hiking can provide a safe and nurturing environment for recovery. Hiking can promote resilience, foster connection with nature and peers, and support emotional regulation.

Therapeutic Benefits of Hiking

1. **Physical Health and Stress Reduction**

Hiking provides moderate physical exercise, which is essential for overall health and well-being. Regular physical activity has been shown to reduce stress, alleviate symptoms of depression and anxiety, and improve sleep patterns. For refugee children, who may have experienced prolonged stress or limited access to physical activity, hiking offers a way to reconnect with their bodies and develop healthier routines.

2. **Connection with Nature**

Spending time in natural environments has a profound impact on mental health. Nature immersion can reduce symptoms of anxiety, enhance mood, and foster a sense of peace. Hiking allows participants to experience the restorative power of nature, helping refugee children find solace and grounding after periods of instability.

3. **Fostering Resilience and Problem-Solving Skills**

Hiking involves navigating trails, overcoming physical challenges, and adapting to changing conditions. These experiences help children develop problem-solving skills, build confidence, and learn to persevere in the face of difficulty. For refugee children, who have faced significant adversity, hiking provides a constructive outlet to rebuild their sense of capability and resilience.

4. **Social Connection and Trust**

Group hiking encourages collaboration, communication, and mutual support among



participants. Shared experiences, such as assisting a peer on a steep trail or celebrating a group achievement, foster a sense of camaraderie and trust. This is particularly important for refugee children, who may struggle with feelings of isolation or difficulty trusting others.

5. **Emotional Regulation and Mindfulness**

Hiking's repetitive, rhythmic movements create an ideal environment for mindfulness and emotional regulation. Observing natural surroundings, focusing on breathing, and engaging in mindful walking help children manage overwhelming emotions and develop a greater sense of presence.

Considerations for Refugee Children

1. **Trauma Sensitivities**

Refugee children may have experienced physical or emotional trauma that impacts their ability to participate fully in hiking activities. Fear of isolation, fatigue, or sudden sensory triggers (e.g., loud noises, open spaces) may arise. Facilitators will adopt a trauma-informed approach to ensure children feel safe and supported throughout the activity.

2. **Physical Health and Abilities**

Some children may have limited stamina or physical health concerns, including malnutrition or untreated injuries, that could affect their ability to hike. Facilitators must assess participants' physical capabilities and adjust the difficulty of trails accordingly, using a standardized risk assessment procedure. This procedure includes the following steps:

a. **Pre-Activity Screening:**

- **Caregiver/Teacher Input:** Collect information via standardized questionnaires regarding each child's general health, known physical issues, and any recent medical concerns.
- **Participant Self-Reports:** Use an age-appropriate self-assessment tool for children to indicate their perceived stamina and any discomfort or limitations.

b. **Field Assessment:**

- Conduct a short test walk or trial hike under close supervision to observe each child's endurance, balance, and overall response to physical exertion.

c. **Scoring and Trail Assignment:**



- Assign each child a physical capability score on a scale from 1 (very limited capacity) to 5 (excellent capacity) based on observations and reports.
- Use these scores to guide trail selection:
 - **Scores 1–2:** Short, flat trails with frequent breaks; consider non-strenuous alternatives if needed.
 - **Score 3:** Moderate trails with gentle elevation and accessible resting points.
 - **Scores 4–5:** Trails with varied terrain may be appropriate, with regular monitoring of fatigue and ensuring hydration.

d. Documentation:

- Record all findings on a standardized assessment form. Detailed scoring guidelines and the complete assessment form are provided in Annex A.

3. Cultural Differences

Refugee children come from diverse cultural backgrounds that may influence their perception of outdoor activities. For some, hiking may be unfamiliar or associated with negative experiences, such as fleeing danger. Facilitators should respect these perspectives and introduce hiking as a positive and empowering activity.

4. Environmental Factors

Weather conditions, terrain, and the availability of appropriate gear must be carefully considered. Ensuring a safe and comfortable experience is crucial, particularly for children who may not have prior experience with outdoor activities.

Strategies for Facilitating Hiking Activities

1. Trauma-Informed Approach

- **Building Trust:** Facilitators will create a supportive environment by establishing clear expectations and maintaining open communication.
- **Gradual Introduction:** Begin with short, less demanding hikes to build confidence and familiarity before progressing to more challenging trails.
- **Emotional Support:** Facilitators will encourage children to share their feelings and experiences during and after the hike and will provide reassurance and validation when needed. Please refer to Annex B for the Emotional Support and Child Safeguarding Guidelines.



2. Adapting to Group Needs

- Assess the group's physical abilities and choose trails that align with their fitness levels.
- Allow for frequent breaks and hydration stops to ensure everyone feels comfortable and included.
- Offer alternative activities for those unable or unwilling to hike, such as nature-based games or mindfulness exercises near the trailhead.

3. Encouraging Connection with Nature

- Incorporate mindfulness practices, such as silent walks, sensory exploration, or journaling about the surroundings.
- Highlight the beauty and significance of nature through guided observations or storytelling about the local environment.

4. Promoting Teamwork and Social Interaction

- Use group challenges, such as navigating a map or solving nature-based puzzles, to encourage collaboration.
- Foster a sense of shared achievement by celebrating milestones or group accomplishments.

5. Ensuring Safety and Preparedness

- Equip children with appropriate gear, including comfortable footwear, weather-appropriate clothing, and backpacks with water and snacks.
- Conduct a pre-hike briefing to explain safety protocols and trail etiquette.
- Have trained staff available to address medical or emotional needs promptly.

6. Debriefing and Reflection

- After the hike, hold a group discussion or reflective activity to help participants process their experiences.
- Encourage children to share what they learned, how they felt, and what they enjoyed most about the activity.

Manual for the Safe Operation of Hiking as an Adventure Therapy Activity for Refugee Children

1. Preparing for Hiking Activities

1.1 Understanding the Participants

Facilitators must assess the group's age, fitness levels, and emotional readiness before planning a hike. Refugee children may have varying physical abilities and past experiences that could impact their participation (Ungar, 2013). Addressing trauma-related concerns, such as fear of isolation or large groups, helps to create a supportive environment (Van der Kolk, 2014).

1.2 Route Selection

Choosing safe and suitable trails is critical. Routes should align with participants' abilities, avoiding steep or challenging terrain. Trails with opportunities to engage with nature, such as



those featuring rivers, forests, or wildlife, can enhance the therapeutic benefits (Berman, Jonides, & Kaplan, 2008).

1.3 Equipment and Supplies

Providing appropriate footwear, clothing, and gear is essential for safety and comfort. Adequate hydration, first aid kits, and navigation tools should also be part of the preparation (WHO, 2018). Facilitators - Coordinators will proactively communicate with school and shelter/home caregivers to ensure that participants are informed well in advance about the upcoming sessions and what they need to bring. In addition, our program will supply key safety gear and essentials. For example, we will provide water bottles, and energy-boosting snacks to maintain physical well-being. First aid kits will be available for use during activities. Facilitators will also encourage children to carry small backpacks with essentials, thereby promoting a sense of responsibility while ensuring that every participant is adequately equipped for a safe and enjoyable experience.

1.4 Risk Assessment

A comprehensive risk assessment should identify potential hazards such as weather changes, wildlife encounters, and group dynamics. Facilitators must establish emergency protocols, including clear communication plans and access to medical support if needed (Norton et al., 2014).

2. Conducting the Hike

2.1 Pre-Hike Orientation

Before starting the hike, facilitators should explain the route, safety guidelines, and expectations. Encouraging questions and discussions ensures that children feel informed and comfortable (Berger & McLeod, 2006).

2.2 Group Dynamics and Supervision

Maintaining a manageable group size and assigning specific roles, such as a lead hiker and a sweeper, is essential for ensuring both safety and cohesion. At the start of each session, facilitators will introduce these roles to the children, explaining their purpose and responsibilities. This clear communication helps foster a sense of teamwork and ensures that every participant understands the group structure.

Facilitators will select individuals for these roles based on a combination of pre-session assessments and on-the-ground observations. Key criteria include:

- **Physical Ability and Reliability:** Selecting children who demonstrate adequate fitness and can maintain the group's pace.
- **Interpersonal Skills:** Choosing participants who exhibit empathy, calmness under pressure, and a willingness to support their peers.



- **Willingness and Confidence:** Considering children who express interest in taking on responsibilities and feel comfortable being identified as leaders or support figures.

To further enhance safety, coordinators will ensure that the selected role holders are easily identifiable through visual markers such as name/role tags, distinctive jackets, or other identifiers. This makes it simple for facilitators and peers to quickly recognize and reach out to the designated leader or sweeper if any child shows signs of fatigue or distress (Ungar, 2013).

2.3 Encouraging Engagement with Nature

Facilitators should encourage participants to observe and appreciate their surroundings. Activities like identifying plants, listening to bird calls, or mindfulness exercises enhance the therapeutic impact of the hike (Berman, Jonides, & Kaplan, 2008).

2.4 Providing Emotional Support

Refugee children may experience emotional triggers during the hike, such as reminders of past trauma. Facilitators should create an open and supportive atmosphere, allowing children to express their feelings (Van der Kolk, 2014).

3. Post-Hike Activities

3.1 Cool Down and Reflection

Ending the hike with a cool-down period, including light stretching and relaxation, promotes physical recovery. Reflective discussions or journaling activities can help participants process their experiences and reinforce positive outcomes (Berger & McLeod, 2006).

3.2 Equipment Maintenance and Feedback

Encouraging participants to care for their gear fosters a sense of responsibility. Collecting feedback from the group provides valuable insights for improving future hikes (Norton et al., 2014).

4. Safety and Best Practices

4.1 Trauma-Informed Approach

Hiking activities should be designed to accommodate the unique needs of refugee children, acknowledging their past experiences and providing a sense of safety. Allowing children to progress at their own pace reduces stress and enhances participation (Van der Kolk, 2014).

4.2 Inclusive Planning

Facilitators must consider cultural, religious, and personal factors when planning activities. Coordinators will ensure the provision of inclusive snacks—offering vegetarian alternatives and avoiding meat-based options—to accommodate diverse dietary needs and preferences. Additionally, facilitators will address gender-specific preferences in group dynamics and tailor



activities accordingly. This approach promotes an inclusive environment that respects all participants while supporting their well-being (WHO, 2018).

4.3 Emergency Preparedness

Facilitators should carry first aid kits, ensure access to communication devices, and be trained in basic emergency response. Identifying safe spots along the trail for shelter during inclement weather is also essential (Norton et al., 2014).

4.4 Promoting Collaboration and Teamwork

Incorporating group tasks, such as navigating or helping a peer, strengthens social bonds and fosters a sense of community. These activities are particularly beneficial for refugee children, helping them rebuild trust in others (Ungar, 2013).

5. Sample Hiking Activities

5.1 Mindful Nature Walk

Instruct participants to walk silently for a set period, focusing on their senses to observe their surroundings. This activity promotes mindfulness and emotional regulation (Berman, Jonides, & Kaplan, 2008).

5.2 Group Navigation Exercise

Divide the group into teams and provide basic navigation tasks, such as identifying landmarks or reading maps. This builds problem-solving skills and encourages collaboration (Berger & McLeod, 2006).

5.3 Storytelling Breaks

Facilitators can use rest periods to facilitate storytelling, ensuring that communication is accessible to all participants by overcoming language barriers. This inclusive process encourages the sharing of personal experiences, fostering connection and emotional expression (Van der Kolk, 2014).

City Biking and Mountain Biking as Adventure Therapy Activities: Benefits, Considerations, and Strategies for Refugee Children

City biking and mountain biking are versatile adventure therapy activities that provide numerous physical, psychological, and social benefits. These activities allow refugee children to explore new environments, develop resilience, and engage in enjoyable physical activity. When designed and facilitated with trauma-informed care, biking activities can help refugee children recover from past traumas and build self-confidence (Berman & Davis-Berman, 2005).



Benefits of Biking in Adventure Therapy

1. Physical Health Benefits

Biking promotes cardiovascular health, builds muscle strength, and enhances balance and coordination. For refugee children who may have experienced displacement and limited access to physical activity, biking offers a fun and accessible way to improve their physical well-being (Berger & McLeod, 2006).

2. Enhancing Mental Health

Cycling can reduce stress and anxiety through rhythmic motion and connection with nature. Outdoor biking, especially in scenic areas, has been shown to promote mindfulness and emotional regulation (Pretty et al., 2007).

3. Building Social Skills and Trust

Biking in a group encourages teamwork and cooperation, fostering social bonds among participants. It provides opportunities for communication and mutual support, crucial for children rebuilding trust and relationships after trauma (Ungar, 2013).

4. Boosting Confidence and Independence

Learning to ride or mastering new biking techniques instills a sense of achievement and self-reliance. Refugee children, often faced with uncertainty and loss of autonomy, can regain confidence through these empowering experiences (Norton et al., 2014).

Considerations for Refugee Children in Biking Activities

1. Trauma-Sensitive Approach

Refugee children may associate cycling with distressing past experiences, such as fleeing dangerous situations. Facilitators must ensure that activities are free of unnecessary stress and offer an emotionally safe space (Van der Kolk, 2014).

2. Physical and Cultural Factors

Refugee children may have varying levels of experience with biking, depending on cultural backgrounds or physical abilities. Adapting activities to suit individual needs ensures inclusivity and safety (WHO, 2018).

3. Accessibility and Safety

Access to properly fitted bikes, helmets, and protective gear is essential. Urban biking activities should prioritize routes with minimal traffic, while mountain biking should take place on beginner-friendly trails (Berman & Davis-Berman, 2005).



Strategies for Facilitating Biking Activities

1. Assessing Skill Levels

Facilitators should evaluate each participant's biking proficiency and provide training as needed. Grouping participants by skill level ensures a supportive and equitable experience (Pretty et al., 2007).

2. Gradual Progression

Start with simple and low-intensity activities, such as flat terrain or short city rides, before advancing to more challenging routes or mountain trails. Gradual exposure builds confidence and reduces fear (Norton et al., 2014).

3. Emphasizing Safety

Establish clear safety guidelines, including the use of helmets and reflective gear. Educate participants on basic bike maintenance and road/trail safety protocols to foster a sense of responsibility (Ungar, 2013).

4. Incorporating Reflection

After biking activities, facilitate discussions where participants can share their experiences, emotions, and lessons learned. Reflection sessions enhance the therapeutic value of the activity (Berger & McLeod, 2006).

5. Promoting Teamwork

Encourage group activities, such as relay races or collaborative trail navigation, to build camaraderie and trust among participants. This reinforces the social benefits of the therapy (Berman & Davis-Berman, 2005).

Manual for the Safe Operation of City Biking and Mountain Biking as Adventure Therapy Activities

This manual outlines safety measures and best practices for conducting city biking and mountain biking as adventure therapy activities for refugee children. Emphasis is placed on trauma-informed care, participant readiness, and risk management to ensure a safe and therapeutic experience (Van der Kolk, 2014).

1. Preparing for Biking Activities

1.1 Conducting Pre-Activity Assessments

Evaluate participants' biking experience, physical fitness, and trauma history. Obtain consent and address any concerns to create a safe and welcoming environment (WHO, 2018).



1.2 Selecting Suitable Equipment

Ensure all bikes are in good condition and suited to participants' heights and abilities. Helmets, gloves, and reflective gear are mandatory for all participants (Berman & Davis-Berman, 2005).

1.3 Choosing Appropriate Locations

City biking should take place on bike paths or roads with minimal traffic. Mountain biking routes should be beginner-friendly, with clear signage and manageable terrain (Pretty et al., 2007).

1.4 Establishing Emergency Protocols

Facilitators should carry first aid kits, communication devices, and maps. Have an emergency plan in place, including access to medical services and evacuation routes (Ungar, 2013).

2. Conducting the Biking Activity

2.1 Safety Briefing

Begin with a thorough briefing on safety rules, biking techniques, and emergency signals. Reinforce key points with hands-on demonstrations (Norton et al., 2014).

2.2 Supervising Participants

Maintain a low facilitator-to-participant ratio, ensuring that children receive adequate guidance and supervision. Position facilitators at the front and back of the group for optimal oversight (Berger & McLeod, 2006).

2.3 Trauma-Informed Facilitation

Provide a supportive and non-judgmental environment, allowing participants to set their own pace. Offer encouragement and validate their efforts to build confidence (Van der Kolk, 2014).

2.4 Monitoring Group Dynamics

Foster positive interactions and address conflicts sensitively. Encourage teamwork and mutual support to enhance group cohesion (Pretty et al., 2007).

3. Post-Activity Practices

3.1 Reflection and Feedback

Facilitate a debriefing session to allow participants to share their thoughts and feelings. Highlight achievements and discuss areas for improvement (Norton et al., 2014).

3.2 Equipment Maintenance

After each session, involve participants in inspecting and cleaning all equipment. This not only ensures proper maintenance but also provides valuable learning opportunities, such as understanding how the equipment functions, practicing care and responsibility, and contributing to the safety of the group. Any necessary repairs should be identified during this



process and addressed promptly to maintain safe conditions for future activities (Berman & Davis-Berman, 2005).

3.3 Continuous Learning for Facilitators

Facilitators should engage in ongoing training and stay updated on best practices for biking safety and trauma-informed care (Ungar, 2013).

Climbing as an Adventure Therapy Activity: Benefits, Considerations, and Strategies for Refugee Children

Climbing is a physically and mentally engaging adventure therapy activity that offers significant therapeutic benefits for refugee children. It can promote emotional regulation, resilience, and teamwork while providing a controlled environment to overcome fears and rebuild self-confidence. This activity requires careful planning and execution to ensure safety and address the specific needs of children who have experienced trauma (Ungar, 2013).

Benefits of Climbing in Adventure Therapy

1. Physical and Mental Health Benefits

Climbing involves a full-body workout that improves strength, coordination, and cardiovascular health. Simultaneously, it stimulates mental focus and problem-solving as participants navigate climbing routes, fostering a sense of accomplishment and self-efficacy (Berman & Davis-Berman, 2005).

2. Building Trust and Social Bonds

The collaborative nature of climbing, particularly in belaying, requires trust between participants. This process helps refugee children rebuild social connections, which may have been disrupted due to displacement or trauma (Norton et al., 2014).

3. Developing Emotional Resilience

Overcoming challenges on the climbing wall mirrors life's struggles, teaching adaptability and perseverance. These experiences can be particularly meaningful for refugee children, helping them develop coping mechanisms and a sense of mastery over difficulties (Van der Kolk, 2014).

4. Encouraging Mindfulness and Stress Relief

The focus required in climbing fosters mindfulness, allowing participants to immerse themselves in the present moment. This can alleviate stress and promote a sense of calm for children who may have experienced high levels of anxiety (Berger & McLeod, 2006).



Considerations for Climbing Activities with Refugee Children

1. Trauma-Informed Approach

Refugee children may have experienced loss, displacement, or violence. Facilitators must create a safe and non-judgmental space, ensuring participants feel secure and empowered to engage at their own pace (Van der Kolk, 2014).

2. Cultural Sensitivity

Climbing may be unfamiliar or hold different cultural connotations for some participants. Providing explanations, culturally appropriate attire, and opportunities for feedback ensures inclusivity and respect (WHO, 2018).

3. Physical Readiness and Accessibility

Some children may have limited physical abilities or injuries. Facilitators should assess participants' readiness and adapt activities, such as using auto-belay systems or easier climbing routes, to accommodate varying needs (Norton et al., 2014).

Strategies for Facilitating Climbing Activities

1. Gradual Introduction

Begin with low-intensity activities, such as practicing basic climbing techniques on smaller walls or bouldering areas. Gradually introduce higher or more challenging climbs to build confidence and trust (Ungar, 2013).

2. Emphasizing Safety

Establish clear safety protocols, including the proper use of harnesses, helmets, and ropes. Facilitators should conduct thorough equipment checks and ensure participants understand belaying techniques (Berman & Davis-Berman, 2005).

3. Encouraging Peer Support

Pairing participants in belayer-climber teams fosters teamwork and trust. This dynamic also allows children to develop communication and problem-solving skills (Norton et al., 2014).

4. Reflection and Feedback

Post-activity discussions help participants process their experiences and recognize their achievements. Encouraging reflection can enhance emotional growth and reinforce the therapeutic goals of the activity (Berger & McLeod, 2006).

5. Incorporating Playful Elements

Games such as timed climbs or scavenger hunts on the wall can make the activity more engaging and less intimidating for children who may feel apprehensive (Van der Kolk, 2014).



Manual for the Safe Operation of Climbing as an Adventure Therapy Activity

Climbing can be a safe and enriching adventure therapy activity when conducted with proper planning and adherence to safety protocols. This manual outlines essential steps and best practices to ensure the well-being of refugee children during climbing sessions (WHO, 2018).

Preparing for Climbing Activities

1. Assessing Participants' Needs

Facilitators should conduct pre-activity assessments to identify any physical, emotional, or cultural considerations that may affect participation. This includes understanding any trauma histories or fears related to heights (Van der Kolk, 2014).

2. Selecting Appropriate Locations

Choose climbing facilities with certified instructors, well-maintained equipment, and a variety of climbing routes suited to different skill levels. Although our primary focus is on outdoor activities, Indoor climbing gyms can serve as an alternative in case weather changes.

3. Equipment Checks

Ensure that all harnesses, helmets, ropes, and belay devices are inspected for wear and properly fitted to each participant. Using high-quality, industry-standard gear minimizes risks (Berman & Davis-Berman, 2005).

4. Emergency Preparedness

Facilitators must have first aid training and access to emergency contact information and services. A detailed emergency response plan should be in place, including protocols for falls or injuries (Berger & McLeod, 2006).

Conducting the Climbing Activity

1. Safety Briefing

Begin each session with a clear explanation of safety protocols, including how to use equipment, proper climbing techniques, and what to do in case of emergencies. Demonstrating these practices builds participants' confidence and trust (Ungar, 2013).

2. Monitoring and Supervision

Maintain a low facilitator-to-participant ratio to ensure close supervision. Certified climbing instructors should oversee all technical aspects, such as belaying and anchor systems (Norton et al., 2014).

3. Trauma-Informed Facilitation

Allow participants to opt out or take breaks if they feel overwhelmed. Facilitators should



provide encouragement without pressure, respecting individual limits and preferences (Van der Kolk, 2014).

4. Encouraging Peer Support

Pair participants in supportive belayer-climber teams, fostering trust and collaboration. Ensure that all participants understand their roles and responsibilities to maintain safety (Berman & Davis-Berman, 2005).

Post-Activity Practices

1. Reflection and Feedback

Facilitators should lead debriefing sessions to help participants process their emotions, celebrate successes, and identify areas for growth. This practice reinforces the therapeutic benefits of climbing (Berger & McLeod, 2006).

2. Equipment Maintenance

Thoroughly clean, inspect, and store equipment after each session to ensure its longevity and safety for future use. Involve participants in this process to promote responsibility (WHO, 2018).

3. Continuous Improvement

Solicit feedback from participants and facilitators to refine the program. Adapting activities based on participants' experiences ensures the activity remains engaging and effective (Ungar, 2013).

Canyoning as an Adventure Therapy Activity: Benefits, Considerations, and Strategies for Refugee Children

Canyoning, an activity involving navigating through canyons using various techniques like walking, scrambling, climbing, jumping, abseiling, and swimming. It offers a unique blend of physical, mental, and emotional challenges. This activity is highly effective as an adventure therapy tool, particularly for refugee children, as it promotes resilience, trust, and personal growth. When conducted with trauma-informed and safety-first approaches, canyoning can support healing and empowerment for children who have experienced displacement or other traumatic events (Berger & McLeod, 2006).

Benefits of Canyoning in Adventure Therapy

1. Physical and Psychological Well-being

Canyoning engages participants in a full-body workout, improving strength, coordination, and cardiovascular health. It also fosters problem-solving and adaptability, which are crucial for psychological resilience in trauma recovery (Berman & Davis-Berman, 2005).



2. Building Trust and Social Cohesion

The collaborative nature of canyoning, such as assisting others during descents or navigating water obstacles, encourages teamwork and trust-building. This helps refugee children develop healthy social bonds and a sense of community (Norton et al., 2014).

3. Promoting Emotional Growth

Canyoning challenges participants to confront fears and uncertainties, such as jumping into water or abseiling down a cliff. Overcoming these challenges enhances self-esteem and fosters emotional regulation (Van der Kolk, 2014).

4. Connection with Nature

The immersive natural environments of canyons provide a calming backdrop, offering opportunities for mindfulness and stress relief. Exposure to nature has been shown to alleviate symptoms of anxiety and depression in trauma survivors (Berger & McLeod, 2006).

Considerations for Refugee Children in Canyoning Activities

1. Trauma-Sensitive Facilitation

Some children may experience heightened fear or anxiety during activities involving water, heights, or confined spaces. Facilitators should adopt a trauma-informed approach, offering reassurance and opportunities to opt out without judgment (Ungar, 2013).

2. Cultural and Emotional Sensitivity

Cultural differences may affect children's perceptions of activities like swimming or abseiling. Ensuring inclusivity and understanding individual perspectives is essential for building trust and participation (WHO, 2018).

3. Safety and Accessibility

Physical readiness and health conditions must be assessed before participation. Canyoning activities should be tailored to the group's abilities, ensuring inclusivity while maintaining safety (Norton et al., 2014).

Strategies for Facilitating Canyoning Activities

1. Gradual Exposure and Acclimatization

Introduce participants to canyoning techniques in controlled environments, such as small, non-threatening water features or climbing walls, before moving to more complex terrain. Gradual exposure builds confidence and reduces anxiety (Van der Kolk, 2014).

2. Clear Communication and Instructions

Use simple, clear language to explain techniques and safety procedures. Visual demonstrations can be particularly effective for children with limited language skills (Berman & Davis-Berman, 2005).



3. Focus on Teamwork and Support

Encourage participants to support one another during activities, reinforcing a sense of community and shared achievement. Pairing experienced guides with smaller groups ensures adequate supervision and guidance (Norton et al., 2014).

4. Incorporating Reflection and Debriefing

Post-activity discussions allow participants to process their experiences, recognize achievements, and express emotions. Reflection sessions can deepen the therapeutic impact of the activity (Berger & McLeod, 2006).

5. Safety as a Priority

Ensure activities are conducted under the supervision of certified guides, with appropriate equipment and emergency protocols in place. Emphasising safety builds trust and facilitates engagement (Ungar, 2013).

Safe Operations of Canyoning as an Adventure Therapy Activity

Preparing for Canyoning Activities

1. Assessing Participants' Readiness

Conduct health and trauma assessments to ensure participants are physically and emotionally prepared for canyoning. Obtain consent from guardians and address individual concerns (Van der Kolk, 2014).

2. Selecting Appropriate Locations

Choose beginner-friendly canyons with manageable water levels, minimal technical requirements, and safe entry and exit points. Pre-activity scouting of the location is essential to identify potential hazards (Norton et al., 2014).

3. Equipment Preparation

Ensure all participants have properly fitted gear, including helmets, harnesses, wetsuits, and suitable footwear. Conduct thorough inspections of all equipment before and after each session (Berman & Davis-Berman, 2005).

4. Emergency Planning

Prepare a detailed emergency response plan, including first aid provisions and evacuation routes. Facilitators must have first aid certification and knowledge of local emergency services (Berger & McLeod, 2006).

Conducting the Canyoning Activity

1. Safety Briefing

Begin each session with a comprehensive safety briefing, explaining the activity's objectives,



equipment use, and emergency signals. Reinforce key points with hands-on practice (Ungar, 2013).

2. Supervision and Guidance

Maintain a low facilitator-to-participant ratio to ensure close supervision. Certified guides should lead technical sections, such as abseiling or water jumps (Norton et al., 2014).

3. Trauma-Informed Facilitation

Allow participants to proceed at their own pace and provide encouragement without pressure. Respect participants' decisions to opt out or modify activities (Van der Kolk, 2014).

4. Monitoring Group Dynamics

Encourage teamwork and communication among participants. Address conflicts or fears with empathy and provide individual support as needed (Berger & McLeod, 2006).

Post-Activity Practices

1. Debriefing and Reflection

Facilitate group discussions to help participants process their experiences, share emotions, and celebrate achievements. Encourage feedback to improve future sessions (Berman & Davis-Berman, 2005).

2. Equipment Maintenance

Inspect, clean, and store equipment after each session to ensure its longevity and reliability. Proper maintenance minimises risks in subsequent activities (Norton et al., 2014).

3. Continuous Learning

Facilitators should engage in ongoing training and incorporate feedback to refine their skills and improve the activity's safety and therapeutic impact (Ungar, 2013).

Justification for Selecting Hiking, City Biking, Mountain Biking, and Beginner Climbing for Refugee Children

When designing an adventure therapy program for refugee children, it is crucial to prioritize activities that are accessible, therapeutic, and adaptable to trauma-informed care principles. In this context, hiking, city biking, mountain biking for beginners, and beginner climbing were selected for their strong alignment with the psychosocial needs of refugee children. These activities offer a balance between therapeutic value and practical feasibility, creating opportunities for physical engagement, emotional expression, and social interaction within a structured and supportive framework.

Moreover, the selection of these activities is deeply rooted in the geographic and environmental context of Greece, and particularly the Attica region, where the program is implemented. The



region's diverse and scenic landscape—ranging from gentle urban trails and coastal routes to forested hills and low mountain ranges—provides an abundance of safe and accessible settings for outdoor exploration. These natural environments are not only physically accommodating for different age groups and skill levels, but also inherently therapeutic. The calming presence of nature, the sensory richness of the outdoors, and the embodied experience of moving through the landscape all contribute to emotional regulation, grounding, and the development of resilience.

By capitalizing on the unique features of the local terrain, the program leverages place-based advantages that enhance the overall therapeutic impact. At the same time, it fosters a sense of connection to the new host environment, helping refugee children build familiarity, confidence, and a renewed sense of belonging through positive, empowering experiences in nature.

The program is designed to be inclusive and sensitive to the participants' trauma-related experiences, providing safe, structured, and supportive activities. These activities foster teamwork, resilience, and social bonds while offering opportunities for psychosocial engagement in nature. Importantly, the approach of Adventure Therapy for Growth and Resilience (ATGR) is not clinical or therapeutic, but psychosocial, focusing on helping participants familiarize themselves with their bodies, capabilities, and skills while connecting with the natural environment of their host country.

4. Chapter 4. Assessment Methodology

Assessing the effectiveness of Trauma-Informed Adventure Therapy (TIAT) is essential to ensuring that the program meets its objectives of promoting resilience, social integration, and emotional healing among refugee children and youth. A comprehensive assessment framework enables facilitators to gauge participants' progress, identify areas for improvement, and refine intervention strategies. This chapter outlines a multi-phase evaluation process that includes pre-program assessments, ongoing observations, participant feedback, and post-program reviews. By integrating qualitative and quantitative assessment tools, this methodology ensures a well-rounded understanding of the program's impact while respecting the diverse backgrounds and trauma histories of participants.

4.1 Pre-Program Assessment: Evaluating Readiness and Needs

Before participants engage in any TIAT activities, an initial assessment is conducted to evaluate their physical, emotional, and psychological readiness. This phase helps facilitators tailor the program to meet individual and group needs while ensuring a safe and supportive experience.



Key Assessment Tools and Methods:

- **Screening Questionnaires:** Participants complete a basic health and wellness questionnaire, adapted to be culturally sensitive and accessible for non-native speakers. This assesses their physical health, prior experience with outdoor activities, and current emotional state.
- **Observation Sessions:** If feasible, initial group activities such as light walks or icebreakers help facilitators assess group dynamics, comfort levels, and initial behavioral tendencies.
- **Parental/Guardian Input:** For younger participants, insights from parents or guardians provide valuable context regarding trauma history, coping mechanisms, and potential triggers.

4.2 Ongoing Observation: Monitoring Emotional and Behavioral Progress

Throughout the program, facilitators engage in systematic observations to track participants' behavioral, emotional, and social development. Regular monitoring ensures that adjustments can be made in real time to accommodate participants' evolving needs.

Observation Metrics:

- **Engagement Levels:** Track participation enthusiasm, willingness to take on challenges, and ability to remain present in activities.
- **Social Interactions:** Observe peer relationships, communication patterns, and instances of teamwork or withdrawal.
- **Emotional Responses:** Monitor signs of stress, frustration, joy, or relaxation in response to different activities.
- **Resilience Indicators:** Identify moments of perseverance, adaptability, and problem-solving within challenging tasks.

Assessment Tools:

- **Facilitator Logs:** Detailed daily or session-based notes document key observations and progress markers.
- **Behavioral Checklists:** A structured framework for tracking changes in engagement, emotional expression, and group cohesion over time.
- **Participant Self-Reflections:** Journaling exercises or guided reflection prompts allow participants to express personal insights and track their own growth.



4.3 Participant Feedback: Capturing the Lived Experience

Direct feedback from participants provides invaluable insights into how they perceive and experience the program. Given the diverse backgrounds of refugee youth, feedback methods must be accessible, trauma-sensitive, and culturally appropriate.

Feedback Collection Methods:

- **Structured Surveys:** Short, clear, and translated into multiple languages, surveys measure satisfaction, perceived benefits, and emotional impact.
- **Focus Groups:** Guided group discussions encourage participants to share their experiences in a supportive environment.
- **Individual Interviews:** Semi-structured interviews with selected participants provide deeper insights into personal growth and challenges encountered.
- **Creative Expression Assessments:** Participants may express their experiences through art, storytelling, or movement-based reflections.

4.4 Post-Program Review: Evaluating Effectiveness and Refining Approaches

A final phase of assessment ensures that insights from participant experiences are synthesized to inform future programming. This stage evaluates overall program success and identifies areas for refinement.

Evaluation Components:

- **Comparative Pre-and Post-Assessments:** Analyzing differences in participants' self-reported emotional state, confidence, and social integration from before and after the program.
- **Facilitator Debriefs:** Team discussions reflect on program challenges, participant progress, and best practices.
- **Longitudinal Follow-Up:** Where feasible, periodic check-ins with past participants assess the lasting impact of TIAT on their well-being and adaptation to their host environment.
- **Recommendations for Improvement:** Data-driven recommendations inform future iterations of the program, ensuring continuous enhancement of the trauma-informed adventure therapy model.

A well-structured assessment methodology is integral to the success of Trauma-Informed Adventure Therapy. By systematically evaluating participants' needs, monitoring their journey, collecting authentic feedback, and reviewing program effectiveness, facilitators can create a dynamic, responsive, and impactful therapeutic experience. These assessments ensure that the TIAT program remains adaptable, culturally sensitive, and deeply attuned to the needs of refugee children and youth, reinforcing its role as a powerful tool for healing and resilience-building.



5. Conclusion

The implementation of Trauma-Informed Adventure Therapy (TIAT) for refugee children and youth is a profound step towards fostering resilience, social integration, and emotional healing. This manual has provided a comprehensive guide to understanding trauma, the therapeutic benefits of adventure therapy, and the structured methodology required to ensure a safe, empowering, and culturally sensitive program. By incorporating principles of trauma-informed care into outdoor experiential learning, we aim to create an inclusive and supportive environment that acknowledges the complex experiences of displaced children and youth.

Through the integration of activities such as hiking, biking, and beginner climbing, the program strategically harnesses nature's healing power to build self-confidence, interpersonal trust, and emotional regulation. These activities have been carefully selected for their accessibility, psychosocial benefits, and alignment with trauma-sensitive approaches, ensuring that participants feel safe, in control, and supported throughout their engagement. The importance of voluntary participation, empowerment, and cultural sensitivity has been emphasized throughout the manual, underscoring the necessity of a personalized and adaptive approach to each individual's healing journey.

Facilitators, therapists, and outdoor educators play a pivotal role in the success of this program. Their ability to implement structured yet flexible activities, provide consistent emotional support, and foster a sense of belonging is fundamental to the program's impact. The manual has outlined key principles, best practices, and ethical considerations that ensure the safe and effective delivery of TIAT while minimizing the risk of traumatization. By focusing on empowerment rather than coercion, predictability rather than uncertainty, and strengths rather than deficits, facilitators can help participants build meaningful and lasting coping mechanisms.

Assessment and evaluation are integral to the program's sustainability and effectiveness. The manual has provided a structured methodology for assessing participant progress before, during, and after the program, allowing facilitators to make data-driven decisions and continuously refine the intervention model. The inclusion of pre-program assessments, ongoing observations, participant feedback, and post-program reviews ensures that the program remains responsive to the evolving needs of its participants and continues to offer meaningful support.

Ultimately, the TIAT program is not just about outdoor activities; it is about creating a sense of stability, hope, and community for refugee children and youth. By engaging in structured yet flexible adventure-based interventions, participants are given the opportunity to reconnect with themselves, their peers, and the environment in a way that promotes healing and personal growth. The long-term vision of this initiative is to contribute to a global movement advocating



D2.1 TIAT Program for refugee children and youth

for the use of adventure therapy as a powerful tool for trauma recovery and social integration among vulnerable populations.

As this program continues to evolve, collaboration with local and international organizations, ongoing research, and the exchange of best practices will be essential to its development. The commitment to trauma-informed care must remain at the heart of all activities, ensuring that every child feels seen, heard, and valued.

In conclusion, this manual serves as both a practical guide and a call to action for all professionals dedicated to supporting refugee children through adventure therapy. By fostering resilience, self-discovery, and connection to nature, we are not only helping individuals heal from past trauma but also empowering them to envision and build a brighter future.



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7. Annexes

Annex A: Physical Capability Assessment Form and Scoring Guidelines

Instructions:

Before each hiking session, facilitators should complete this assessment for every participant. The process includes gathering information from caregivers or PE teachers, obtaining participant self-reports, and conducting a short, supervised test walk/hike. Each component is scored on a scale from 1 to 5 (1 = very limited capacity, 5 = excellent capacity). The total score will guide trail selection to ensure both safety and appropriate challenge.

Physical Capability Assessment Form

Participant Information:

- Name/ID: _____
- Age: _____
- Date: _____

1. Caregiver/Teacher Report

- a. General Health Status:
 - Comments/Observations: _____
 - Score (1-5): _____
- b. Known Physical Concerns (e.g., malnutrition, untreated injuries):
 - Comments/Observations: _____
 - Score (1-5): _____

2. Participant Self-Report

- a. Self-Perceived Stamina/Endurance:
 - Brief description of perceived physical capacity: _____
 - Score (1-5): _____
- b. Any Discomfort or Limitations Noted:
 - Description: _____
 - Score (1-5): _____

3. Field Assessment (Test Walk/Hike)



- **a. Endurance/Ability to Keep Pace:**
 - Observations (e.g., signs of fatigue, ability to complete the test walk):

 - Score (1-5): _____
- **b. Balance and Coordination:**
 - Observations: _____
 - Score (1-5): _____
- **c. Overall Fitness Level (Optional: Borg Rating of Perceived Exertion):**
 - Observed exertion rating: _____
 - Score (1-5): _____

4. Overall Facilitator Observations

- Additional notes regarding physical readiness or potential safety concerns:

Total Score: (Sum of all applicable components) _____ / (Maximum possible score: _____)

Scoring Guidelines and Trail Adjustment

- **Score 1 – 2 (Low Physical Capability):**
 - Characteristics: Limited endurance, significant physical limitations, difficulties in maintaining pace.
 - Recommended Trail: Short, flat, and easily accessible paths with frequent breaks; consider alternative non-strenuous activities if necessary.
- **Score 3 (Moderate Physical Capability):**
 - Characteristics: Average endurance, may tire with prolonged exertion, some difficulties with steep or uneven terrain.
 - Recommended Trail: Moderate trails with gentle elevation changes and accessible resting points.
- **Score 4 – 5 (High Physical Capability):**
 - Characteristics: Good endurance, capable of handling longer distances and moderate to challenging terrains.
 - Recommended Trail: Trails with varied terrain, including moderate inclines, can be considered; ensure still to monitor fatigue and provide adequate hydration and breaks.

Documentation:

Facilitators should record each assessment on this form and review it before trail assignment. The completed forms should be maintained as part of the session's risk assessment records.



Periodic review of the assessment process and scoring criteria is recommended to ensure consistency and safety across all sessions.

Annex B: Emotional Support and Child Safeguarding Guidelines

This annex provides clear instructions for facilitators on how to respond to and manage emotional disclosures or concerns raised by participants. It outlines the steps to create a safe environment, the “Golden Rules” for responding to a reported concern, and basic do's and don'ts to guide practice.

1. Creating a Safe Environment

- **Establish Clear Ground Rules:**
 - At the start of each session, explain that sharing feelings is encouraged, but only on a voluntary basis.
 - Clearly outline the agreed-upon process for reporting concerns and how disclosures will be handled.
- **Promote an Open and Supportive Atmosphere:**
 - Emphasize confidentiality and respect. Ensure that all children understand that their disclosures will be taken seriously and handled with care.
 - Nominate a child protection focal point or a designated on-call person who can provide immediate support if a serious concern arises.

2. Responding to Disclosures or Concerns

Golden Rules for Responding:

- **Recognise and Respond:**
 - If you notice signs of distress or receive a disclosure, do not ignore it. Listen attentively without interrupting.
 - If a child discloses a concern or appears very upset, respond immediately and calmly to validate their feelings.
- **Record the Incident:**
 - Make a detailed note of what was said, what you observed, and any contextual factors. Use your facilitator log to document the incident factually.
- **Report Appropriately:**



- Follow your organization's protocol for child safeguarding by reporting the concern to the designated child protection focal point within 24 hours—or immediately if the situation poses an immediate risk.
- If necessary, contact emergency services.

Basic Guidelines – Do's and Don'ts:

- **Do:**
 - **Listen Actively:** Give the child your full attention and allow them to speak without interruption.
 - **Validate Feelings:** Reassure the child that their feelings are important and that it is right to share their concerns.
 - **Keep Questions Minimal:** Ask only as many clarifying questions as needed to understand the concern.
 - **Follow Established Protocols:** Immediately report the disclosure to the child protection focal point and document the incident.
 - **Seek Support:** If you are unsure how to handle the situation, consult with a designated safeguarding officer or colleague.
- **Do Not:**
 - **Overburden with Questions:** Avoid asking too many questions that might overwhelm the child or lead to further distress.
 - **Force Disclosure:** Do not pressure the child to provide more details than they are comfortable sharing.
 - **Give Mixed Messages:** Avoid statements that might contradict the safe space policy, such as forcing children to discuss issues they are unwilling to disclose.
 - **Confront the Perpetrator:** Do not directly confront any alleged perpetrator during the session.
 - **Make Promises You Cannot Keep:** Avoid assuring the child that nothing will be shared, as confidentiality must be balanced with legal and organizational obligations.

3. Facilitator Self-Care and Follow-Up

- **Debrief:**
 - After handling a disclosure, take time to debrief with a colleague or supervisor. This helps ensure you have addressed the situation appropriately and provides emotional support for you as well.



- **Reflect and Learn:**
 - Review the incident and your response in your facilitator log. Consider any changes needed in your approach for future sessions.
- **Ongoing Training:**
 - Stay informed about the latest child safeguarding policies and participate in regular training on handling disclosures and emotional crises.

Appendix A

Risk Assessment Protocol for Trauma-Informed Adventure Therapy

This protocol is designed to guide facilitators in conducting thorough risk assessments prior to and during each adventure therapy session. It combines general components applicable to hiking, biking, and climbing with considerations specific to the operating location. This standardized tool is intended to ensure clarity, consistency, and safety in program implementation.

I. General Risk Assessment Components

1. Participant Health & Abilities:

- **Pre-Assessment:**
 - Obtain health information from caregivers/PE teachers and use a self-report tool for participants to indicate physical fitness, stamina, and any existing medical concerns (e.g., malnutrition, untreated injuries).
 - Review previous session logs for trends or issues.
- **Ongoing Monitoring:**
 - Use facilitator logs and behavioral checklists to track changes in physical and emotional status throughout the session.

2. Activity-Specific Hazards:

- **Hiking:**
 - Identify hazards such as uneven terrain, weather extremes, and potential for getting lost.
 - Monitor for wildlife encounters.
- **Biking:**
 - Assess risks from traffic, road conditions, mechanical issues, and potential falls due to slippery surfaces or uneven paths.
- **Climbing:**



- Ensure all safety equipment (harnesses, ropes, helmets) is in proper working order.
 - Evaluate the suitability of the climbing wall/rock face for the participants' skill levels to minimize fall risk.
- 3. Group Dynamics & Supervision:**
- **Group Composition:**
 - Evaluate the size and composition of the group to identify potential interpersonal conflicts or challenges.
 - **Facilitator-to-Participant Ratio:**
 - Maintain an appropriate ratio for adequate supervision during activities.
 - **Behavioral Monitoring:**
 - Use structured checklists to document engagement, emotional expression, and group cohesion during sessions.
- 4. Emergency Protocols:**
- **Communication:**
 - Establish clear communication plans for emergencies (e.g., designated emergency signals, radio/phone contacts).
 - Ensure all facilitators and participants know the protocol.
 - **Medical Support & Evacuation:**
 - Verify access to first aid kits, emergency medical support, and know the nearest evacuation routes.
 - **Documentation:**
 - Keep records of any incidents and follow up with post-session reviews.

II. Location-Specific Considerations

- 1. Environmental Conditions:**
- **Weather Forecasts:**
 - Review weather predictions and assess risks for sudden changes (rain, extreme heat, cold).
 - Adjust session plans accordingly.
 - **Terrain and Geography:**
 - Consider altitude, slope, and surface conditions of the hiking/biking/climbing area.
 - **Time of Day:**
 - Evaluate lighting conditions and temperature variations during different times of the day.



2. Wildlife & Natural Hazards:

○ Local Wildlife:

- Identify and assess risks associated with local wildlife (e.g., snakes, bears, insects).
- Have appropriate measures (repellents, awareness briefings) in place.

○ Natural Features:

- Evaluate hazards such as cliffs, water bodies, or unstable ground that may be specific to the area.

3. Access to Support:

○ Proximity to Emergency Services:

- Determine the distance to the nearest medical facility or emergency service.
- Ensure facilitators have access to navigation tools and emergency contact information.

○ Local Regulations:

- Consider any legal or operational requirements specific to the location (e.g., permits, park regulations).

III. Implementation Checklist

Facilitators should use the following checklist before each session:

● Pre-Session:

- Obtain and review participant health reports.
- Conduct a self-assessment with participants.
- Check and test all equipment (hiking gear, bikes, climbing equipment).
- Review weather forecasts and local hazard alerts.
- Confirm emergency contacts and communication devices are operational.

● During Session:

- Monitor group dynamics and participant well-being using facilitator logs.
- Use the behavioral checklist to record observations and any incidents.
- Communicate regularly with participants about potential hazards.

● Post-Session:

- Complete detailed facilitator logs.
- Document any incidents or emergency responses.



- Review and update the risk assessment based on session outcomes.

This detailed risk assessment protocol is integral to the safe implementation of our Trauma-Informed Adventure Therapy Program. By addressing both general risks and location-specific hazards, facilitators can ensure a safe and effective therapeutic environment. For further guidance, please refer to the accompanying Facilitator Log and Behavioral Checklist Templates provided in Appendices B and C.

Appendix B

Facilitator Log Template

(Use this for detailed daily or session-based notes)

Session Information

- **Date:** _____
- **Session Number:** _____
- **Facilitator Name:** _____

I. Group Observations

- **Group Dynamics:**
Describe how the group interacted. Note any positive collaboration, conflicts, or leadership emerging among participants.

-
- **Engagement Levels:**
Observe overall energy, participation, and focus.

-
- **Emotional Tone:**
Document the general mood and any visible shifts in emotional expression.
-

II. Individual Observations

(For each participant, note any specific observations related to behavior, mood, or progress.)



- **Participant Name/ID:** _____
 - **Notable Behaviors:** _____
 - **Emotional State:** _____
 - **Progress/Concerns:** _____

(Repeat for each participant as needed.)

III. Interventions/Adjustments Made

- **Interventions Implemented:**
Note any specific techniques, modifications to activities, or support provided during the session.
-

- **Participant Reactions:**
Summarize how participants responded to the interventions or adjustments.
-

IV. Overall Session Reflection/Notes

- **Session Summary:**
Briefly summarize the session, including key progress markers or issues.
-
- **Future Recommendations:**
Based on today's observations, what should be adjusted or continued for upcoming sessions?

Appendix C

Behavioral Checklist Template
(Use this to track changes in engagement, emotional expression, and group cohesion over time.)

Session Information

- **Date:** _____
- **Session Number:** _____
- **Facilitator Name:** _____



Instructions:

For each participant, rate the following behavioral markers on a scale from 1 to 5 (1 = very low/poor, 5 = very high/excellent). Add any relevant comments in the notes section.

| Participant Name/ID | Engagement (1-5) | Emotional Expression (1-5) | Group Cohesion (1-5) | Comments/Notes |
|------------------------|---------------------|-------------------------------|-------------------------|----------------|
|------------------------|---------------------|-------------------------------|-------------------------|----------------|

Overall Session Observations:

- **General Group Engagement:**

- **Overall Emotional Climate:**

- **Additional Comments/Suggestions for Next Session:**



Appendix D

Screening Questionnaire

Instructions: Please answer the following questions as honestly as you can. If you do not understand a question, feel free to ask a facilitator for help. Your responses will help us ensure that activities are safe and well-suited to your needs.

Section 1: Basic Information

1. Name/ID: _____
2. Age: _____
3. Language(s) Spoken: _____
4. Date: _____

Section 2: Physical Health

1. Do you have any health conditions or injuries?
☐ Yes ☐ No
If yes, please explain briefly (e.g., asthma, malnutrition, injury):
2. How would you rate your overall physical fitness?
(1 = Very Low, 5 = Excellent)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Do you have any known allergies? (e.g., insect or food allergies)
☐ Yes ☐ No
If yes, please list your allergies:

Section 3: Experience with Outdoor Activities

1. Have you participated in outdoor activities before?
☐ Yes ☐ No
If yes, which activities? (Check all that apply):
☐ Hiking ☐ Biking ☐ Climbing ☐ Camping ☐ Other: _____
2. How comfortable do you feel when doing outdoor activities?
(1 = Not Comfortable at All, 5 = Extremely Comfortable)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5



3. Are you confident with heights?

(1 = Not at All Confident, 5 = Very Confident)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Do you experience fear of heights (acrophobia)?

☐ Yes ☐ No

If yes, please describe briefly:

Section 4: Emotional Well-Being

1. In the past week, how often have you felt sad or anxious?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

2. How would you rate your overall emotional well-being right now?

(1 = Very Poor, 5 = Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Do you have any specific feelings or concerns you would like to share?

(Optional)

Thank you for completing this questionnaire. Your responses will help us tailor the program to support your safety, health, and personal growth.

